



State of Louisiana
Department of Revenue
Field Audit Services Division

Power of Attorney
(Procuration)

By: _____ State of _____
Taxpayer

To: _____ Parish/County of _____
Agent/attorney in fact

Know All by These Presents:

Taxpayer Business master file number (Account number)

Address Phone and fax numbers

does hereby make, name, constitute and appoint _____
Agent/attorney in fact

Mailing address Phone and fax numbers

my true and lawful agent and attorney in fact for me and in my name, place and stead to receive and inspect confidential tax information and to perform any and all acts that this taxpayer can perform with respect to the taxes and taxable year(s)/period(s) set forth below. The authorizations granted above apply to Louisiana

List tax types. tax(es)

for the taxable year(s)/period(s) _____.

The agent and attorney in fact shall be authorized to receive copies of notices and communications from the Louisiana Department of Revenue. The taxpayer will receive the original notices and written communications. The filing of this Power of Attorney with the Louisiana Department of Revenue revokes all earlier Power(s) of Attorney on file for the same taxes and taxable year(s) or period(s) covered by this document.

By signing this document as a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer. If this matter concerns a joint return filed by a husband and wife, both must sign if joint representation is requested.

Signature of taxpayer or duly authorized representative Date Title (if applicable)

Print name of taxpayer or duly authorized representative.

Signature of taxpayer or duly authorized representative Date Title (if applicable)

Print name of taxpayer or duly authorized representative.